\_ is attached hereto.

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, NOVEL OPTHALMALOGIC USES OF PROTEIN C, the specification of which

_	was	filed	on	as 2	Applicat:	ion	Seri	ial	No.	08/	237	<u>,649</u> .	,	
٠ _	was	descr.	ibed	and	claimed	in	PCT	Int	erna	tio	nal	Applica	tion	No.
	fi	led or	n <u>.</u>						a	ınd	as	amended	under	PCT
Artiala	10 0	<b>~</b>												

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Benjamin Adler, Registration No. 35,423; J. Mark Gilbreth, Registration No. 33,388

Address all telephone calls to Dr. Adler at telephone number 713/777 - 2321. Address correspondence to Dr. Benjamin Adler, GILBRETH & ADLER, P.C., 8011 Candle Lane, Houston, TX 77071.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Thomas L. Steinemann, M.D.	
Inventor's Signature Atm L. Hureman	
Residence Address: <u>Little Rock, Arkansas</u>	•
Citizen of: United States of America	
Post Office Address: 4301 West Markham Slat 522	Tibble Deels Deleges 70005



COMBINED DECLARA N AND POWER OF ATTORNEY C. NUED  Full Name of Inventor: Ivory A Reis, M.D.  Inventor's Signature: Tory G Reis has Date: 5-23-9-6
Residence Address: Little Rock, Arkansas
Citizen of: United States of America
Post Office Address: 4301 West Markham, Slot 523, Little Rock, Arkansas 72205
300
Inventor's Signature: Jours 7 Fink, M.D.  Date: 5/20/94
Residence Address: Little Rock, Arkansas
Citizen of: United States of America
Post Office Address: 4300 West 7th St., Little Rock, Arkansas 72205
Full Name of Inventor: Harry H. Brown, M.D.  Inventor's Signature: Thm Who Date: 5/24/94
Residence Address: Little Rock, Arkansas
Citizen of: United States of America
Post Office Address: 4301 W. Markham, Slot 523, Little Rock, Arkansas 72205
Full Name of Inventor: Richard A. Marlar, Ph.D.  Inventor's Signature: Date: 6/2/94
Residence Address: Denver, Colorado
Citizen of: <u>United States of America</u>
Post Office Address: 1055 Clermont St., Denver, Colorado 80220